



## FINANCIAL ASSISTANCE REQUEST FORM

Davidson Community Players offers scholarships for 50%, 75% and 100% of program costs based on the need of the student's family. We also wish to serve the largest number of students with limited funding reserved for financial assistance.

All requests and information submitted to Davidson Community Players is confidential and only used to determine financial need. Incomplete applications will not be considered. Awards are based on financial need only and are processed in the order they are received. Recipients will be notified in advance of the date any costs or registration fees are due.

### PERSONAL INFORMATION

Student's Name \_\_\_\_\_

Name of DCP Program \_\_\_\_\_

Parent/Legal guardian's name \_\_\_\_\_

Parent/ Guardian Employer \_\_\_\_\_

Parent/ Guardian address \_\_\_\_\_

Parent/Guardian Phone # \_\_\_\_\_

Email address: \_\_\_\_\_

### FINANCIAL INCOME

Gross monthly income of parent(s)/guardian \_\_\_\_\_

Do you  rent  own your residence?

Please indicate if you are receiving any public assistance:

Food stamps  Free school lunch  Reduced school lunch  Public aid

Other (please identify) \_\_\_\_\_

What adult assumes financial responsibility for the student?

Mother  Father  Legal guardian  Other: \_\_\_\_\_

Number of adults in the household: \_\_\_\_\_

Number of dependent children in the household: \_\_\_\_\_

Please provide any additional information you would like Davidson Community Players to consider when processing your request (divorce, unemployment, illness, etc.):

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**VERIFICATION AND SIGNATURE**

*I/we, the undersigned do hereby certify that all information contained in this application is true and correct to the best of my/our knowledge. I/We understand that information contained in this application is being used solely for the purpose of ascertaining the applicant's need for financial assistance to participate in the programs of Davidson Community Players.*

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Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

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Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Please mail form back to DCP PO BOX 76, Davidson, NC 28036  
Questions? Call Katie Mullis, DCP's Education Coordinator, 704-892-7953

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